

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S)

CLAIMS

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
	1						51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
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38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3						TOTAL IND.					
TOTAL DEP.	2						TOTAL DEP.					
TOTAL CLAIMS	24						TOTAL CLAIMS					

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